

City of Albuquerque Official Business Registration Application

Commercial Business - Updated May 2015



Congratulations on taking one of the first steps to starting your new business in the City of Albuquerque! All businesses operating within the city limits, for a profit and who are required to obtain a New Mexico Taxpayer Identification Number are required to obtain a business registration (Business Registration Ordinance 53-1981) from the City's Treasury Division. This includes both home-based and commercial businesses.

FEES

The administration fee collected, which pays to set up and maintain your registration, is **Non-Refundable**. The annual fee for a Business Registration is \$35.00 per business location.

Late Fees: Businesses that do not pay the registration fee by the date business has commenced or annually on or before the anniversary date will be charged a late fee of \$10.00 per year.

HEALTH PERMIT FEES

If your business involves handling, preparation, food service, a swimming pool, liquor stores, bars/lounges, or convenience stores selling liquor please contact the City Environmental Health Department at 505-768-2600 to obtain information on any health permits that apply to your business. Inspection fees for each permitted location will be determined by the City Environmental Health Department

FILING YOUR BUSINESS REGISTRATION APPLICATION

Complete all sections of the application. Be sure the information is complete, legible and accurate. Information you include in your application is public information.

BUSINESS ADDRESSES/LOCATION

Zoning approval is required for each location where you will be conducting business. If you will be conducting business in one or more locations, submit a separate application for each location. It is the responsibility of the business owner to notify the City Treasurer in writing of any changes to the business location. A separate business registration application is required for each business location, whether located in a business or residential building. (Ordinance 53-1981).

A physical address is required for each business location. A post office box may be used only for the mailing address.

QUESTIONS

Please contact the City's Treasury Division with any business registration questions or concerns either by phone at 505-768-3354 or by email at cagialoro@cabq.gov.

On behalf of the City of Albuquerque, We Wish You Success On Your New Business!



**CITY OF ALBUQUERQUE
BUSINESS REGISTRATION APPLICATION
COMMERCIAL OCCUPATION**

Phone contact (505) 768-3354 for questions on this section or in general

PLEASE ANSWER ALL QUESTIONS – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

☐

Check Here if this Application is for a Change of Address

Please insert Facility Id number (only for change of address) FA0

*** REQUIRED FIELDS (PLEASE PRINT)**

***OWNER NAME**

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

*** STREET #**

***STREET NAME**

***STREET TYPE**
(e.g. Ave, St, Dr, etc)

***POST DIR**
(e.g. NE)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

***CITY**

***STATE**

***ZIP CODE**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

***PHONE**

***FAX**

| | |
|--|---|
| <input type="checkbox"/> PROPRIETORSHIP / SOLE OWNER | <input type="checkbox"/> LLC |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> NOT FOR PROFIT |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> OTHER |

***STATE TAX ID # (CRS #)**

***OWNER TYPE**

*** BUSINESS (DBA) NAME**

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

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***CITY**

STATE

ZIP CODE

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

*** PHONE**

FAX

***DESCRIBE SERVICE OR PRODUCTS PROVIDED**

BUSINESS START DATE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

STREET #

STREET NAME

STREET TYPE
(e.g. Ave, St, Dr, etc)

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(e.g. NE)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

CITY

STATE

ZIP CODE

Please allow 4 – 6 weeks processing for mail in applications.

☐ **Zoning Enforcement check here only if the location is NOT within the city limits.**

NOTE: THIS ADDRESS IS LOCATED OUTSIDE THE MUNICIPAL LIMITS OF ALBUQUERQUE. APPROVAL OF THIS LICENSE ONLY ALLOWS YOU TO DO BUSINESS WITHIN THE CITY. TO ESTABLISH THE BUSINESS AT THIS LOCATION, PLEASE CONTACT THE APPROPRIATE ZONING AUTHORITY FOR THEIR APPROVAL.

Application Check List:

- ☐ Fill out the entire application completely. Incomplete applications will not be processed.
- ☐ There is a \$35 annual fee; the fee is non-refundable. If mailing, do not send cash. Make check out to City of Albuquerque.
- ☐ Deliver in person to City Treasury, Plaza Del Sol Building, 600 2nd St NW (on the corner of Lomas and 2nd Street), or Mail to:

City of Albuquerque
Treasury Division
Attn: Business Registration
PO Box 17
Albuquerque, NM 87103

FIRE ENFORCEMENT

Phone contact – (505) 924-3611 for questions on this section.

PLEASE ANSWER ALL QUESTIONS – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

1. Will your place of business require remodeling or renovations? ... ☐ No ☐ Yes
- If “yes”, will you be submitting plans for any required permits (Building, Elect., Mech. etc.)? ... ☐ No ☐ Yes
2. Will hazardous materials be stored, used or dispensed at this business? ... ☐ No ☐ Yes
- If “yes”, Material Safety Data Sheets will be required to be submitted for review.
3. Will flammable / combustible liquid be stored or dispensed at this business? ... ☐ No ☐ Yes
- If “yes”, what Class of flammable/combustible liquid will be used in what quantities? _____
4. Check the box that BEST classifies your Business Occupancy?
- ☐ Assembly Occupancy e.g. Restaurant, Bar, Church etc. Occupant Load for Building? _____
- ☐ Educational e.g. Schools, Kindergartens, Nursery Schools.
- ☐ Health Care e.g. Residential Care, Nursing Homes, Hospitals.
- ☐ Residential e.g. Hotels, Motels, Apartments, Board and Care facilities.
- ☐ Mercantile e.g. Department Stores, Retail Stores etc.
- ☐ Business e.g. General Offices, Doctors Offices, Banks etc.
- ☐ Industrial e.g. Factories, Gas Stations, Auto Repair Shops, Paint & Body Shops etc.
- ☐ Storage Facilities e.g. Warehouses, High Piled Storage, Truck Terminals etc.
- ☐ Day Care e.g. Child Day Care, Adult Day Care, Home Day Care etc.
5. What is the square footage of the building or space where the business is located? _____

ZONING ENFORCEMENT

Phone contact – (505) 924-3850 for questions on this section.

PLEASE ANSWER ALL QUESTIONS – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

1. Name of property owner:

2. Describe the business activity:

3. Will there be any outdoor storage or activity associated with the business? ... ☐ No ☐ Yes
If yes, explain: _____
4. Is this activity a new use for this location? ... ☐ No ☐ Yes
If yes, what was the previous use?: _____
5. If this activity is a restaurant:
 - What is the total seating capacity?
_____Will there be outside seating? ... ☐ No ☐ Yes
If yes, is the seating located in the public right of way? ... ☐ No ☐ Yes; *additional permit is required.*
6. Is there adequate off street parking designated for your use? ... ☐ No ☐ Yes
 - How many spaces? _____
7. Will the business be an adult amusement establishment, adult book store, adult photo studio or adult theater as defined in section 14-16-1-5 of the zoning code? ... ☐ No ☐ Yes; *additional information and review required.*
8. Are there any existing signs on the premises of your building? ... ☐ No ☐ Yes
9. Do you intend to repaint any existing signs or install any new ones? ... ☐ No ☐ Yes; *add'l permits required*

NOTE: If your business involves any of the following you will be required to visit the Code Enforcement Division Permit Counter located at 600 2nd St NW, Ground Floor:

- **Adult Amusement**
- **Auto Dealer/Dismantler**
- **Escort Service**
- **Sexually Oriented Business**
- **Small Loan/Title Loan Business**

Please read the following before signing the application:

I understand that a "Permit" shall be obtained from the Fire Marshal's Office prior to engaging in any activity that requires such pursuant to the City of Albuquerque Fire Code. Registering a business does not constitute a waiver of any requirements of the City of Albuquerque Fire Code or provisions of any other Ordinance or Law.

I further understand that my signature indicates that all of the information contained on this application is true and correct, and that Zoning approval of this commercial occupation is dependent upon me abiding by all the regulations found in the City of Albuquerque Comprehensive Zoning Code [Article XVI of Chapter 14 of the Revised Ordinances of Albuquerque, New Mexico, 1994].

I further understand the information provided in this application is considered public information and will be published on the City of Albuquerque's website.

X _____
Applicant Signature *Telephone Number* *Date*

-----OFFICE USE ONLY-----

ZONING OFFICE APPROVAL

ZONE: _____

☐ APPROVED

MAP: _____

☐ DISAPPROVED

BY: _____

DATE: _____

COMMENTS: _____

FIRE MARSHALL APPROVAL

PERMIT REQUIRED? ☐ NO ☐ YES

INSPECTION REQUIRED? ☐ NO ☐ YES

BY: _____

DATE: _____

COMMENTS: _____